STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in the second community of the	(Check if name Example: If typying, type over the lines	12FE4M5
New Vision An	nerica Fund	
ADDRESS (number and s	c/o Contribution Solutions, LLC	
(Check if address is changed)	123 E. San Carlos St., #531	
	San Jose	CA 95112 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	almaycastillo@gmail.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.1	25 2011	
3. FEC IDENTIFICA		
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct a	nd complete
Type or Print Name of	Treasurer Vicki Day	
Signature of Treasurer	Electronically Filed by Vicki Day	Date 01 / 25 / Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Stat	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	